

REPORTS INVENTORY

FORM NO.

PREPARE IN DUPLICATE

SRB 930 L

1. TITLE OF REPORT (If a fill-in report include Form No.)

930 L POLICY HOLDER-ALPHA

2. TYPE
OF
REPORT

STATISTICAL

NARRATIVE

MACHINE-NAME LISTING

3. FUNCTIONAL AREA

☒ PERSONNEL

TRAINING

ADMIN. GENERAL

LOGISTICS

SECURITY

OTHER (specify)

MEDICAL

FINANCE

4. NO. OF COPIES PREPARED

2

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Monthly

6. DISTRIBUTION (No. of components not
number of copies)

2

7. FORMAT (memorandum, form
computer print-out, etc)

CP-O

8. ADP PROCESSING

☒ YES

IF YES GIVE ADP PROCESSING NO.

NO

H-05

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level
contributing information to report)

OCS/OPERATIONS

11. FEEDER REPORTS (State total number and identify by Title,
Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-06-3	4.21		.29		1.22		12		14.64

B. COSTS OF COMPUTER PRODUCED REPORTS

					.12		12		1.44
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TOTAL COSTS PER YEAR

\$ 16.08

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN,
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

14. FUTURE GOALS

14a. PROPOSED BY COMPONENT FOR THIS REPORT

☐ RETAIN AS IS☐ OTHER (explain)☐ CHANGE☐ DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

14b. DATE OF INVENTORY

2 NOV 1970

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